

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90327 008 ****55.00

DOCUMENT # L01000021023 1. Entity Name ANTARAMIAN/RETAIL PARTNERS, LLC					
Principal Place of Business 365 FIFTH AVE. SOUTH, STE. 201 NAPLES, FL 34102			Mailing Address 365 FIFTH AVE. SOUTH, STE. 201 NAPLES, FL 34102		
2. Principal Place of Business - No P.O. Box # 3530 KRAFT ROAD SUITE 300 NAPLES, FL 34105		3. Mailing Address 3530 KRAFT ROAD SUITE 300 NAPLES, FL 34105			
4. FEI Number 65-1157638		Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required		04182007 Chg-LLC CR2E083 (12/06)			
6. Name and Address of Current Registered Agent ANTARAMIAN, JACK J 3530 KRAFT ROAD SUITE 300 NAPLES, FL 34105		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANTARAMIAN, JACK J 365 FIFTH AVENUE SOUTH, STE. 201 NAPLES, FL 34102	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3530 KRAFT ROAD SUITE 300 NAPLES, FL 34105	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEZESHKAN, F. FRED 2600 SOUTH HORSESHOE DRIVE NAPLES, FL 34104	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3520 KRAFT ROAD NAPLES, FL 34105	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MACIVOR, THOMAS A. 3530 KRAFT ROAD SUITE 300 NAPLES, FL 34105		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			4-24-07 239-434-0600		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		